**Please complete all sections of this form in full and provide a copy of your photo identification.**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Personal Details** | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mr | |  | Mrs |  | | Miss | | |  | | | Ms |  | | Other | | | |  | |  | | | | | |
| Surname | | | | |  | | | | | | | | | | | First Name | | | | | | | |  | | |
| Middle Name | | | | |  | | | | | | | | | | | Preferred Name | | | | | | | |  | | |
| Date of Birth | | | | |  | | | | | | | | | | |  | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Usual Place of Residence** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Number and Street | | | | | | |  | | | | | | | | | | | | | | | | | | | |
| Suburb | | |  | | | | | | | | State | | |  | | | | Postcode | | | |  | | | Country |  |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Postal Address** | | | | | | | Same as above | | | | | | |  | |  | | | | | | | | | | |
| PO Box number | | | | | | |  | | | | | | | | | | | | | | | | | | | |
| Suburb | | |  | | | | | | | | State | | |  | | | | Postcode | | | |  | | | Country |  |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Contact Numbers/Email** | | | | | | | | | | (Please provide all your contact numbers and tick the number you prefer to be contacted on) | | | | | | | | | | | | | | | | |
|  | Home | | | | | | |  | | | | | | | | |  | | | Mobile | | |  | | | |
|  | Other | | | | | | |  | | | | | | | | |  | | | Email: | | |  | | | |
|  |  | | | | | | |  | | | | | | | | |  | | |  | | |  | | | |

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| **Emergency Contacts and Next of Kin** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Important Note:** Clough needs this information for a variety of reasons. An efficient and compassionate response is required in the event of any sickness or emergency situation arising whilst you are working or travelling away on behalf of Clough. **You are required to complete at least two emergency contacts.**  Emergency Contact (EC) is the person that a Clough representative will be informing should a tragedy or workplace accident occur who, along with support from Clough representative, will ensure the news is broken as sensitively as possible to the NOK.  Next of Kin (NOK) will be the persons that a Clough representative will provide initial support for in the event of a tragedy and or workplace accident. Any insurance issues will be addressed with the NOK.  Should you decide not to nominate an EC then Clough will have no choice but to contact the NOK in the event of any emergency situation. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Contact 1** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Emergency Contact | | | | | | | |  | | Next of Kin | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| First Name | | | | |  | | | | | | | | | | Surname | | | |  | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Relationship type: | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Brother | | | |  | Sister | | |  | Father | | |  | | Father In-law | | | | |  | | Spouse | | |  | Partner | |  |
| Son | | | |  | Daughter | | |  | Mother | | |  | | Mother In-law | | | | |  | | Other | | |  |  | | |
|  | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| Number and Street | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| Suburb | | |  | | | | | | | State | | |  | | | Postcode | | | |  | | | Country | | |  | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Please provide all contact numbers and tick the number they can most likely be contacted on. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | Home | | | | |  | | | | | | | | | |  | Mobile | | | |  | | | | | |
|  | | Alternative mobile | | | | |  | | | | | | | | | |  | Other | | | |  | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Contact 2** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Emergency Contact | | | | | | | |  | | Next of Kin | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| First Name | | | | |  | | | | | | | | | | Surname | | | |  | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Relationship type: | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Brother | | | |  | Sister | | |  | Father | | |  | | Father In-law | | | | |  | | Spouse | | |  | Partner | |  |
| Son | | | |  | Daughter | | |  | Mother | | |  | | Mother In-law | | | | |  | | Other | | |  |  | | |
|  | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| Number and Street | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| Suburb | | |  | | | | | | | State | | |  | | | Postcode | | | |  | | | Country | | |  | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Please provide all contact numbers and tick the number they can most likely be contacted on. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | Home | | | | |  | | | | | | | | | |  | Mobile | | | |  | | | | | |
|  | | Alternative mobile | | | | |  | | | | | | | | | |  | Other | | | |  | | | | | |
|  | |  | | | | |  | | | | | | | | | |  |  | | | |  | | | | | |

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| **Indigenous Participation** | |
|  | |
| The following request for information is voluntary. Do you identify yourself as: | |
|  | |
|  | Aboriginal |
|  | Torres Strait Islander |
| Clough is committed to improving the employment prospects of Indigenous Australians and embraces equal opportunity in employment and diversity in the workplace. To this end, the information collected will be used in Clough’s diversity management reporting and improving our recruitment processes and will not be used for any other purpose. | |